## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2017

PLEASE PRINT LAPPY ALAIL

110	FLEASE FRINT			NEW HARROWS
I. Name of Lobbyist(	(s) LAR	RY ALAN		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist'	's partnership, firm	or corporation, if any	:	
NATIONWIDE (Nat	MUTUAL LY me of partnership, firm	SURANCE COM	PANY and Aff	LUATES
Po Bo	x 558	STORRS	CT	<i>Ole 21.68</i> (7in Code)
	reet)	(Town/City)	(State)	(2.6 2000)
(Telephone)	51 (6	866 231-2150 (Fax)	e-mail alani	onationvide, com
		– file separate reports are not attributable to		nay file a separate report for
X All reportable tran	sactions occurring i	n the months prior to the	e reporting date relative to	the following client:
	E Mutuallo (Full Name of Clien	t as it appears on the Lobb	(PANY AND AFF yist Registration Form)	LIATES
<u>OR</u>				
☐ All reportable trans unrelated to any partic		vist (including the lobby	ist's family), or the lobbying	ng firm listed below which are
IV. Date of Report	April 26, 2017		July 26, 2017	_
Reports cover: activ	pity from date of regist		activity from 4/1/17 to 6/30/1	7
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 activity from 10/1/17 to 12/3	1/17
			ransactions made since Secretary of State's Office,	
VI. Check if addition				
			Addendum A- Fees and I	
☐ If you have paid a Expense Reimburseme		mbursed expenses, you i	must file <b>Addendum B</b> – R	eport of Honorariums or
☐ If you, your firm,	or your family has r	nade political contribution	ons, you must file Addend	um C Political Contributions
and complete to the beautiful (Signature of lobbyist	RSA 15-B, RSA 14-6 est of my knowledge	C and RSA 664 and here	by swear or affirm that the	foregoing information is true  2017  ate)
LARRY AL (Print Name of lobby	ist)			

# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1 NOBY A. 1.1	
I. Name of Lobbyist(s) LARRY ALAW	
II. Name of lobbyist's partnership, firm or corporation, if any:	_
NATIONAL LASURANCE COMPANY O (Name of partnership, firm or corporation)	and Affiliates
III. Name of Client NATION WIDE MUTUAL IND. Co & AFFILIA	IB Date APRIL 13, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$1,312.
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 1,312.
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less less lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a busines as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	<i>D.</i>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.
f) Total of all expenses year to date	f) \$	<u>O</u> ,
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees durin	g this reporting
Paid to:	Amount:	
	\$	
	s	
	\$	
	\$	
	\$	
	\$	
		-
	<del></del>	
Sworn Statement/Affirmation by Lobbyist		
·		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the forego	ing information
· 1.		
(Signature of lobbyist)	April (Date)	13, 2017
LARRY ALAN		
(Print Name of lobbyist)		